STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wold) (Yeer) ssified. 5a. If merried, widowed, or div HUSBAND of 22. ERTIEY, That I attended deceased from (or) WIFE of 1 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date steled above, at stated I day, hrs. The PRINCIPAL CAUSE OF DE elated causes of importance min. 8. Trade, profession, or particular NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. jo CUPAT may back 9. Industry or business in which should work wes done, es SILK MILL SAW MILL BANK, etc 10. Date deceesed last worked et this occupetion (month end 11. Totel time (years) spent in this that occupation instructions Other Contributory Causes of importence: 12. BIRTHPLACE (city or town (State or country) FATHER See Name of operation 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_ carefully ----- Was there en eutopsy?____ MOTHER 15. MAIOEN NAME important 23. If death wes due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury______ 19_ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18, BURIAL, CREMATION, OR REMOV Manner of Injury CAUSE mation Nature of Injury NOLL 24. Wes disease or injury In eny way related to occupation of deceesed? 19. WNOERTAKER (Address) If so, specify 20 (Signed) _ Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE O	F DEATH			12017	STATE OF I	
C.	ounty	1				Registration	Dist. No. /62
Villa	age or City	Gracelo	iam R Bro	eduater		St.;Ward	(If death occurred is a hospital or institution, give its NAME in stend of street an number.)
	PERSONAL	AND STATIST	ICAL PARTICU	JLARS	MED	ICAL CERTIFICATE	OF DEATH
3 S	EX 4	color or race	5 SINGLE, MARRIED, Y WIDOWED OR DIVORCI (Write the w	ED	16 DATE OF DEA	October (Month)	31 , 1931 (Day) (Year
-	ATE OF BIRTH				Quant	24 1931 10 (9	ct 31 1.3
	elorino	May, 15-	1865 a) (Day)	, 1(Year)	that I is saw h		t 26 193
7 AG	Æ			If LESS than		urred on the date stat	ed above, at
8 04	CCUPATION	66 yrs. 5	mos16ds.	or 7		lata He	15 13 M
(a) bi	o) General natur usiness, or estal	ion or work	er	ormin. ?	Contributory Secondary	(Duration)	yrs. mos.
pi (b b	a) Trade, profess articular kind of b) General natur usiness, or estal hich employed IRTHPLACE	ion or workrm e of industry elishment in or (employer) etry) Maryla	er	ormin. ?		(Dury)on	yrs. mos.
ENTS W (d)	1) Trade, profess articular kind of b) General natur usiness, or estal chich employed IRTHPLACE (State or cour IO NAME OF FATHER 11 BIRTHPLA OF FATHE (State or	ion or work. Farme e of industry blishment in or (employer) try) Maryla John F CE R country) [27]	er und.	ormin. ?	(Signed) State the Violent Causes.	(Address)	yrs. mos. Lassyn M Lassy
(b) bu w	1) Trade, profess articular kind of b) General natur usiness, or estal hich employed IRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN N OF MOTHE	jon or work	er und.	ormin. ?	(Signed) State the Violent Causes, Accidental, Sui	Disease Causing Deat state (1) Means of Incidal or Homicidal.	Lass ms y y y y y lass from
SENTS WENTS	1) Trade, profess articular kind of b) General natur usiness, or estal chich employed IRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN N	John F CE R COUNTRY STYLE AME R CE R CR CE R COUNTRY STYLE AME CR CE R CR CE R COUNTRY STYLE CE R CR CE R COUNTRY STYLE CE R CR C	er and. Broadwater	ormin. ?	(Signed) State the Violent Causes, Accidental, Sul	Disease Causing Deat state (1) Means of Incidal or Homicidal. RESIDENCE (For Hos Residents)	h, or, in deaths from Jury; and (2) whether
PARENTS W	1) Trade, profess articular kind of b) General natur usiness, or estal chich employed IRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE (State or	John F CE R COUNTRY STYLE AME R CE R CR CE R COUNTRY STYLE AME CR CE R CR CE R COUNTRY STYLE CE R CR CE R COUNTRY STYLE CE R CR C	er Broadwater and Suster.	ormin. ?	(Signed) State the Violent Causes, Accidental, Suitable of Recent At place of death	Disease Causing Deat state (1) Means of Incidal or Homicidal. RESIDENCE (For Hos Residents) In the State of	Mor, in deaths from Jury; and (2) whether pitals, Institutions, Traine
PARENTS W	1) Trade, profess articular kind of b) General natur usiness, or estal hich employed IRTHPLACE (State or coun 10 NAME OF FATHER 11 BIRTHPLA OF FATHE (State or 12 MAIDEN N OF MOTHE 13 BIRTHPLA OF MOTHE (State or	John F CE R COUNTRY STYLE AME R CE R CR CE R COUNTRY STYLE AME CR CE R CR CE R COUNTRY STYLE CE R CR CE R COUNTRY STYLE CE R CR C	er Broadwater and Suster.	ormin. ?	(Signed) State the Violent Causes, Accidental, Suitable of Recent At place of death yre. Where was disease co if not at place of death Former or at place of death residence.	Disease Causing Deat state (1) Means of Inteldal or Homicidal, RESIDENCE (For Hos Residents) In the State of	Mor, in deaths from Jury; and (2) whether pitals, Institutions, Traine

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various paranits can be known. The quescapation is very important, so that the relative healthshould be used only when needed. As examples: (a) Civil engineer. Stationary firemen, etc. Physician, Compositor, Architect, Locomoliec engineer, definite salary), may be entered a. Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er." etc.. Never return "Labo er." "Foreman." "Manager." "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. business, that fact may be indicated thus: Farmer state occupation at beginning of Bluess. If refired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Form laborer, Laborer-(a) Foreman, (b) Automobile factory. Statement of Occupation Precise statement of oc For many occupations a single word or term on 6 yrs.). For persons who have no occupation specially in indus rial employments, it is neces-., without more precise specification as Day -Coal mine, etc. Wom But in many The material

Statement of Cause of Death—Name, first, the disease cause of Death—Name, first, the disease cause in the primary affection with respect to time and causation), using always the same accepted ed term for the came disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic eerebro spinal meningitis"); Diphtheria (avoid use of "Group"): Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of conditions, such as "Asthenia," use of "Tumor" for malignant neoplasms); Mousles; unqualified, is indefinite); Tuberculosis of lungs, mensymptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopnoumonia stated unless important. Chronic interstitial nephritis, etc. The contributory "Puerpueal septicuemia." "Puerpueal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (mame origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natruin-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause rulsions." ment of cause of death approved by Examples: FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" Accidental drowning; for which surgical operation was under ("Congenital," "Senile," etc.) Example: Meastes (Recommendations on state-"Апастіа" Struck by railway "Coma." Committee terminal (second-(mcrely (disease not be

If this certificate is looked over thoroughly and all questions answered in cerall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Freudrille (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 St.: Ward) St.: Ward) Steel. State of Maryland (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 8-1- 12 , 193/ (Month) (Day) (Year)
(Month) (Day) (Year) 7 AGE Stillform yrs. mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to, 192, that I last saw h in alive on Ord-/II, 192, and that death occurred on the date stated above, at I A m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Trendantle Md (77)	(Duration)
10 NAME OF FATHER OKEY Custable 11 BIRTHPLACE OF FATHER (State or country) Triendiville Md 1772	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Their drille Mod R. 7.) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs described by the state of death yrs described by the state of death?
(Informant) They Curticle (Address) Filed (Address) Mus Jeannette Statler Registrar Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PShooming Pose Mg Och, 27, 1931 20 UNDERTAKER J ADDRESS THE CONTROL OF BURIAL ADDRESS
	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, For many occupations a 0 yrs). Farm laborer, Laborer-Coal minc, etc. Wom-At Home, and children, without more precise specification as Day For persons who have no occupation single word or term on not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus, Viu 253,
> "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptom-(secondary Whooping approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; or intercurrent) Chronic etc. The contributory affection need valvular heart disease; Nomenclature Always qualify all not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of street and number.]

(Year)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Ragistered No. [If death occurred in a Hospital or Institution give its NAME instead

File No.....

MEDICAL CERTIFICATE

16. DATE OF DEATH

(Month) (Day) PRTIEY That I attended deceased from.

and that death occurred, on the data atated above,

CONTRIBUTORY (SECONDARY) (duration) 18. Whare was disease contracted

If not at place of death?. Did an operation precede death?......Date of....

(quration)yrs.....mos.....

Waa there an autopay?.

What teat confirms

*State the DISEASE CAUSIA. JEAT I, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY and (2) whether Accidental, Suicidal, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR

DATE OF BURIAL

19

20. UNDERTAKER **ADDRESS**

Every item of Inform CAUSE OF DEATH Important. See Inst

CIANS should state

stated EXAC

properly classi

supplied.

PERMANENT

FOR

RESERVED

FADING

11-3184

17.

PARENT

Fliad...., 19

REGISTRAR

De Correspondence under Dr. Dec. C. Clarke 12/16/31 regerding this certificale

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.—Precise statement of occupation is very important, so that the relative bealthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Loborer, Farm laborer, Laborer-Coal mine etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers. who receive a definite salary), may be entered as House. wife. Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEA'TH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 ys.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., carcinoma, Sorcomo, etc., avoid use of ."Tumor" for malignant neoplasms); Measles, Whooping eough, Chronic valvular heart disease; Chronic interstitia lnephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example. Measles (disease causing death), 29 ds; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Scnile," etc.), "Dropsy," "Exhaustion." "Heart failure." "Haemorrhage," "Inanition," "Marasmus," Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL septichaemia" "PUERPERAL peritionitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Provided by earbolio acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSICIA-AS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. BINDING PER.MA 7 FOR IS ITH UNFADING INK---THIS MARGIN RESERVED WRITE PL S. No. 1 B .--

ż

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Jacob	Registration Dist. No. 167
V	Fillage or Cityly Gamera MUNO	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	MARRIED. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6	OATE OF BIRTH (Month) (Day) (Year)	that I last saw has alive on 1923.
7	AGE If LESS than	The CAUSE OF DEATH * was as follows: loped
	(a) Trade, profession or particular kind of work (b) General nature of industry	
	business, or establishment in which employed or (employer)	(Dyration) yrs. my ds.
	(State or country) Garrett Co Md	Contributory Secondary (Duration) yrs
	10 NAME OF Chas H Eger	(Signed) M. D. Oct 21 1921 (Address) Surjoid Will
	11 BIRTHPLACE OF FATHER (State or country) Churora 12 MAIDEN NAME	*State the Distase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	of MOTHER Lucy V. Besley (Egu)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Helliumspert, W.O.	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
	(Address) Bonnman WV	Fort Penaleton Cemetery Oct 4. 1981
	Registras	20 UNDERTAKER acting Johnson W
	If more branks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health. business, that fact may be indicated thus; Former (retired 6 yrs). For persons who have no occupation additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman, (b) Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. to report specifically the occupations of persons en-Housemaid, etc. Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day (b) If the occupation has been changed Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcona, etc. of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." "PUERPERAL seplicacinia," "PUERPERAL peritonilis," elc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Exhaustion, (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all (Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; or intercurrent) affection need not be ss important. Example: Masles (disease Chronic The nature of the injury, valvular etc. The contributory heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state 3COLD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED N. B. WRITE PLAI TION : V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12020
County Lawren	Posistration Dist. No. 1/19
Village or City Seer Parse Md	Registration Dist. No. 109
	No. St., Wallf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toyn where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrs mos
2. FULL NAME Sound Janes	Waregh
(a) Residence: No.	Ct Word
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SES 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Can 21
Belliate While	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of	Och 19 1981 to Des 27 1981
6. DATE OF BIRTH (month, day, and year) CAR. 127 1931	I last saw he alive on OM 21 1981; death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 2/1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Acedo Gerla (Sella)
Industry or business in which	The second secon
Work was dona, as SILK MILL SAW MILL, BANK, etc.	
Date deceased last worked at 11. Total tima (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Caymout Paces	
1000	
(14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis?
13. MAIDEN NAME	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Toler Mercley 16. BIRTHPLACE (city or town) 2 77 8	Accident, suicide, or homicide?
(State or certificy)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT begreat bacey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ACHIOVAL	Manner of injury
Place Deer Oart Date Och 7-31, 1931	- Nature of injury
19, UNDERTAKER Engray Baldue (Address) 10 ahol 3 aldre	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Och, 21, 193/ Ellin Halletely	(Signed) 11, Terrebusey M.
Legistrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 12031
1. PLACE OF DEATH	1/1/
County January	Registration Dist. No. / 6 7
Village or City Accident SIA	NoSt., Ward
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmos ds.
2 FILL NAME Herbert Franks	in Rinser Ir.
(a) Basidanaa Na	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from
2-5 22 /019	falley apply while passes
6. DATE OF BIRTH (month, day, and year) hov. 23 - /929	Hest saw h. altive on death is said
7. AGE Years Months Days II LESS than 1 day,	to have occurred on the date stated above, a
2 / /3 1 day, no	were as follows: Oata of oneet
Name of the state	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Do Date deceased last worked at this occupation (month and	
Date deceased last worked at this occupation (month and year) spent in this occupation.	
12, BIRTHPLACE (city or town) accident md.	Other Contributory Causes of importance:
(State or country)	
13. NAME Herbert Franklin Kinger	
13. NAME Herbert tranklin Ringer 14. BIRTHPLACE (city or town) Pa	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And Smith 16. BIRTHPLACE (city ar town). Ohio (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
[16, BIRTHPLACE (city ar town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Herbert the Congress (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Molly on www.kipste Wet 1201, 193	Nature of Injury
19. UNDERTAKER I Hauterburg	24. Was disease or injury in any way related to occupation of deceased?
(Address) Genelson affilled.	If so, specify
20, FILED Qct. 11 ,19 31 a. 1. 1 riche	(Signed) My Walletta M. D.
Registrar.	(Address) Letter 49

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	X TE
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	3.	4	
S.A.	المستسل		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- 494	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor	1. PLACE OF DEATH	93:0
11 =	County Parsett 1. 1	Registration Dist. No.
12 2	Village or City Datiland Md	, No. St., Ward
. <u>=</u> 0	Village of only	death occurred in a hospital or institution, give its NAME instead of street and number)
ery NNS ent	Longth of residence in city or town where death occurredyrsmos	How long In U.S. if of foreign birth?yrs mos ds
Every CIAN tement	2. FULL NAME Mary Clegabeth	- Thront
rD. Ev	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
N N	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
F. M	Ecurale Value 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Oay) (Year)
DING ANEN Ssifted	5a. If married, widowed, or divorced HUSBANO of	22. IHEREBY CERTIFY, That I attended deceased from
DI A A assi	(or) WIFE of	193/ to Och 7 193/
BINDIN PERMANE EXACT y classifie	6. DATE OF BIRTH (month, day, and year) Left. 24. 1920	I last sawn alive on Oct 6 1931; death is sai
FOR BI IS A PE stated E properly certificate.	7. AGE Years / Months / Days /? If LESS than	to have occurred on the date stated above, at . S. Commun.
FOR IS A F stated properl	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	were as follows:
HIS he be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrouse Myocords 15 1/1021
RVED could be may be back of	9. Industry or business in which work was done, as SILK MILL.	70,
(+) CC -C	SAW MILL, BANK, etc.	
o t a is	O Sub Oate deceased last worked at this occupation (month and year) occupation (occupation)	
RE AGE THAT	D + D = A 11/1	Other Contributory Causes of importance:
IN DIE	12. BIRTHPLACE (city or town) (State or country)	oners trong a fores
MARGIN RI UNFADING supplied. AGI n terms, so tha		Premation game
	T TO THE TOTAL T	
- OP 7/0	14. BIRTHPLACE (city or town) Cokland, Md, (State or country)	Name of operation Date of
	E 15. MAIOEN NAME Ethel Tusund.	What test confirmed diagnosis? Was there an autopsy?
PLAILY, WHE	T	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
AICAY, Id be can DEATH	16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
be be imp	544 100	(Specify city or lown, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
LA uld ry	17. INFORMANT (Address)	Specify whicher third y occurred the invostrat, in nome, of the rest of FLACE.
- 1 53 70	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Cattland 1 Manate UP1 193/	Nature of injury
WRITE CAUSE TION is	10 HUDGOTANED F. D. D. B. Baldon	24. Was disease or injury in any way related to occupation of deceased?
TCB T	19. UNOERTAKER (Address)	If so, specify
z gi	3 Julia Parama	(Signed) M. Hurebaugh M.
× ż	20. FUEDA, 0, 19 Local Registrar.	(Address) OAITLARD d LMC
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. G. /			
Other contributory causes of importance:	44"	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Va Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth?. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR_OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED_ OR DIVORCED (write the word) (Year) BINDING 5a. If married, widowed, or divorced HUSBANO of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Oays If LESS than to have occurred on the date stated above, at .-1 day, hrs. The PRINCIPAL CAUSE OF DEATIL and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, 0 RESERVED of SAWYER, BOOKKEEPER, etc. may back Industry or business in which 4 should work was done, as SILK MILL, occur SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME W. Va. hosp See Name af operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city er town) Date of injury _____ 19 (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LOIL Nature of injury 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER _ 4 (Address) If so, specify (Signed) Registrar. (Address) Uf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Evannle I

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Example II

J.S.;	xample 1		Example 11	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	0 1081	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EI/-	July 5, 1927	Peritonitis	3 days ago
	Section VI	12 1		
	The state of the s			
Other contributory causes	of importance:	a procino	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH pluoda County Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred. ds. How long in U.S. if of foreign birth? (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended decaased from 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days It LESS than to have occurred on the date stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ___min. Date of onset Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER, be of SAWYER, BOOKKEEPER, etc. pluods may back Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc NO. Data deceased last worked at 11. Total time (years) spent in this this occupation (month and that instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name af operation plain (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME ıı 23. If death was due to axternal causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city ar town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods Very OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation Nature of injury LION 24. Was diseasa or injury in any way related to occupation of daceased? 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MARR		Registration Dist. No. 163
3 SEX 4 COLOR OR RACE WINDOWED WINDOWED OR DIVORCED (Write the word) 5 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased in the state of accounting the stat	Village or City Bloomington (No	tion, give its NAME is stead of street and
MARRIED WINDOWS DEED CONTROLL OF STRICK OF STR	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
that I last each occurred on the date stated above, at 7 th and that death occurred on the date stated above, at 7 the CAUSE OF DEATH occurred on the date stated above, at 7 the CAUSE OF DEATH occurred on the CAUSE OF DEATH occurred on the CAUSE OF DEATH occurred or the CAUSE OF DE	temale White (Write the word)	(Month) (Day) (Year)
The CAUSE OF DEATH * was as follows: day	(Month) (Day), 1, 1, 3/ (Year)	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 10 2 1921 Daniely Allerana Registrar 15 Filed 10 2 1921 Daniely Allerana Registrar (Duration) (Duration) (Duration) (Particular danies and magnetic and	l dayhrs.	
OF FATHER (State or country) OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) OF FATHER (State or country) (Informant) OF FATHER (State or country) Accidental, Suicidal or Homicidal. At place of Accidental, Suicidal or Homicidal. At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) DATE OF BURIAL Registrar OF MOTHER (State or country) At place of death yrs mos ds. State yrs mos ds. State yrs mos ds. State yrs mos ds. ON THE BEST OF MY KNOWLEDGE Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Opponently spontaneous alidomen was rigid; onemial (Duration) yrs mos ds. Contributory Internal Heaventhany Secondary Opponently spontaneous burston) (Signed) OEBury M.D.
At place of death	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(Informant) Pellett Stylets [Former or usual residence	OF MOTHER (State or Country) Mary and	At place of deathyrsmosds,
Filed 10/12 1920 Vorself Fallison J South Bourten, M	(Informant) Pelbert Stycets (Address) Blooming M. Mol.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Blooming ton, Mg
	Filed 10/2 1920 Novely Muson Registrar	It & Grad Bartin, Md

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more precion of the loborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only, when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farher No. or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons household only (not paid Housekeepers who receive a Physician, Compositor, Architect, whatever, write Nonc. worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Stationary fireman, etc. For persons who have no occupation Automobile foctory. The material Locomotive But in many 6 engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebross in in al meningitis"); Diphtheria (avoid use of "Crup"); I Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stited unless important. use of "Tumor" approved by Committee on becanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," "Debility" ("Congenital," "Senite," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonoeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ess important. Example: Measles (disease cough; "Marasmus," "Old Age," for malignant neoplasms); Mcosles; Chronic and consequences (c. g., sepsis, ," etc., when a definite disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all "Shock,"

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

thred is wise). For persons who have no occupation ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home. Who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary firemen, etc. the first line will be sufficient, e. g., Fermer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques capation is very important, so that the relative health business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer. Farm laborer. Laborercuses, Physician. Compositor, Architect, Locomplier engineer, whatever, write None. gaged in domestic service for wages, as Screaut, Cook, work. or 16 (a) Foreman, (b) Automobile factory. The material Housemaid, etc. If the occupation has been changed Statement of Occupation Precise statement of oc erc., For many occupations a single word or term on specially in industrial employments, it is neceswithout more precise specification as Day Home, and children, not gainfully em--Coal mine, etc. Wom-But in many

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